



**Family and Social Services Administration
Division of Mental Health and Addiction
Form 7A - Treatment Utilization Matrix
SAPT Block Grant Funded Services**

State Fiscal Year 2004

Dates of State expenditure period from 07/01/2002 to 06/30/2003

Type Of Care	A. Number of State Approved Facilities (Service Delivery Units)	Primary Diagnosis of Alcohol Problems			Primary Diagnosis of Drug Problems			Substance Abuse Problems (no primary diagnosis)		
		B. Number of Admissions	C. Number of Persons Served	D. Cost per Person (Minimum - Maximum)	E. Number of Admissions	F. Number of Persons Served	G. Cost per Person (Minimum - Maximum)	H. Number of Admissions	I. Number of Persons Served	J. Cost per Person (Minimum - Maximum)
Detoxification (24-Hrs. Care)										
1. Hospital Inpatient	5	147	139	N/A	104	100	N/A	0	0	N/A
2. Free-Standing Residential	7	122	110	N/A	163	152	N/A	1	1	N/A
Rehabilitation/Residential										
3. Hospital Inpatient	20	314	290	N/A	249	240	N/A	0	0	N/A
4. Short-Term (up to 30 days)	11	672	590	N/A	868	774	N/A	6	4	N/A
5. Long-Term (over 30 days)	2	5	5	N/A	7	7	N/A	0	0	N/A
Ambulatory (Outpatient)										
6. Methadone	1	0	0	N/A	165	137	N/A	100	100	N/A
7. Non-Methadone	26	14059	9813	N/A	11940	8659	N/A	211	129	N/A
8. Intensive Outpatient	15	661	606	N/A	656	615	N/A	1	1	N/A
9. Detoxification	0	0	0	N/A	0	0	N/A	0	0	N/A
Total:	26	15980	11097	N/A	14152	10194	N/A	319	232	N/A

* Columns B, E, and H contain duplicated number of admissions

* Columns C, F, and I contain in lines 1 to 9 nonduplicated number of consumers who received the specific services

* Line "Total" contains total number of State Approved Facilities, total number of duplicated Admissions, and total number of Consumers with particular Primary Diagnosis (some consumers had more than one kind of service)